

BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300
FUND: General – 0077

Budget Summary

Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Variance
Expenditures					
Personnel Costs	\$75,737,832	\$72,759,275	\$71,051,105	\$67,990,831	(\$3,060,274)
Operation Costs	\$97,764,772	\$107,935,558	\$112,548,386	\$118,333,168	\$5,784,782
Debt & Depreciation					
Capital Outlay	\$446,875	\$480,701	\$642,839	\$476,502	(\$166,337)
Net Crosscharge/Abatement	(\$4,043,421)	(\$4,308,313)	(\$4,448,681)	(\$3,307,500)	\$1,141,181
Total Expenditures	\$169,906,458	\$176,867,221	\$179,793,649	\$183,493,001	\$3,699,353
Revenues					
Direct Revenue	\$59,012,384	\$60,897,862	\$65,786,401	\$67,414,058	\$1,627,657
Intergov Revenue	\$54,364,995	\$57,825,026	\$56,533,125	\$54,008,442	(\$2,524,683)
Total Revenues	\$113,377,379	\$118,722,888	\$122,319,526	\$121,422,500	(\$897,026)
Tax Levy	\$56,529,079	\$58,144,333	\$57,474,123	\$62,070,501	\$4,596,379
Personnel					
Full-Time Pos. (FTE)	801.03	747	670.49	584.26	(86.2)
Seas/Hourly/Pool Pos.	29.9	24.53	26	31	5
Overtime \$	\$3,114,576	\$3,620,640	\$2,695,080	\$1,188,504	(\$1,506,576)

Department Mission: The Milwaukee County Department of Health and Human Services – Behavioral Health Division will be a Center of Excellence for person-centered, high-quality best practices in collaboration with community partners.

Wisconsin Act 203: In April 2014, the Governor signed Wisconsin Act 203 (Wis. Stats 51.41) which effectively transferred all control of mental health functions from the Milwaukee County Board of Supervisors to a newly-created, 13-member Milwaukee County Mental Health Board (MCMHB). This legislation applies to the mental health programs and services that are contained within department 6300 and the new Community Access to Recovery Services Division (CARSD) which includes the Community Services Branch (CSB) and Wraparound Milwaukee. The MCMHB has primary responsibility for the treatment and care of Milwaukee County residents with mental illness, alcohol and other drug dependencies as well as the allocation of funds.

The legislation authorizes the MCMHB to propose a budget to the County Executive that includes the total amount of the budget, the community aids amount and a property tax levy amount. The dollar amount of the tax levy must be at least \$53 million but not more than \$65 million. Although the County Executive can adjust the tax levy requested by the MCMHB, the revised tax levy amount must remain within the \$53 million to \$65 million range unless agreed to by the MCMHB, County Executive and County Board. This range can also be adjusted if additional mental health programs and services are transferred to the oversight of the MCMHB. The tax levy

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would then be increased by the amount of tax levy expended on the transferred programs and services in the prior fiscal year.

In addition, the County Treasurer is directed to hold "any moneys" that have not been expended or encumbered on mental health programs and services at the end of the fiscal year in a reserve fund. The reserve fund may be used at any time to cover deficits in the mental health budget. If the amount in the reserve exceeds \$10 million, the amount exceeding \$10 million may be used at any time for any mental health service or program.

Finally, MCMHB is responsible for funding a building reserve, transition liaison position and travel expenses for MCMHB members. Please refer to the 8200 – Management & Support Services section of the budget for further detail on these expenses.

Department Description: The Behavioral Health Division (BHD) consists of Management and Support Services, Adult Crisis Services, Adult and Child Acute Inpatient Services, Rehab Central Nursing Facility, Community Services Branch, and Wraparound Milwaukee. The Hilltop Nursing Facility will be closed in 2014.

In 2014, the Community Services Branch, Wraparound Milwaukee and Emergency Medical Services were transferred from department 6300 – Behavioral Health Division to department 8000 – Department of Health and Human Services. For 2015, the Community Services Branch and Wraparound Milwaukee are now transferred back to department 6300 as the Community Access to Recovery Services Division (CARSD). This structure is consistent with Wisconsin Act 203. For 2015, Emergency Medical Services remains in department 8000.

Overview: The 2015 Budget reflects an increase in expenditures of \$3,699,353, revenue reduction of \$897,026 for a net tax levy increase of \$4,596,379. This increase is largely the result of higher fringe benefit costs, expansion and retention of community based services as well as the development of a solid staffing model for the hospital. Though the passage of Wis. Stats 51.41 provides greater financial flexibility for BHD through the creation of a reserve to capture any surpluses BHD may realize, BHD must now assume greater financial independence.

In light of this new financial landscape, the 2015 Budget was constructed based on a critical review of all revenue streams, projected census figures as well as anticipated clinical staffing needs. Over the past few years, BHD has undergone tremendous change with the downsizings and ultimate closures of its Hilltop and Rehab Central long-term care facilities in 2014 and 2015, respectively. As a result, 2015 staffing models have been rebuilt to reflect one to one staff to patient ratios to consider higher acuity patients, reduction in overtime, staffing based on productive hours to ensure 24-hour coverage of shifts and a vacancy and turnover rate based on actual experience. This initiative results in increased personnel expense of approximately \$1.1 million.

Furthering efforts begun in 2011, the 2015 Budget seeks to transfer even more inpatient services to a community care setting in order to provide the maximum amount of freedom and the highest quality of life for individuals utilizing behavioral health services.

Rehab Central is budgeted to close November 1, 2015. This initiative is supported by new investments in community behavioral health services totaling over \$2 million to reflect Rehab Central Relocations and additional bed capacity. Additionally, Family Care Managed Care Organizations will continue to invest millions of dollars to provide high quality services to BHD clients to ensure a successful transition to the community. Overall, the investments made by the County with additional resources from State and Federal sources and Family Care will enhance services and increase the investment made in community-based mental health services.

All Milwaukee County behavioral health programming will move forward with a person-centered, recovery-oriented, trauma-informed and culturally sensitive approach to the people we serve with strong communication and coordination of services among the divisions.

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Strategic Program Area 1: Management & Support Services

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2013 Actual	2014 Budget	2015 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Variance
Expenditures	\$1,292,227	\$1,277,300	\$1,987,920	\$2,593,071	\$605,151
Revenues	\$3,998,629	\$1,118,785	\$3,245,324	\$1,783,964	(\$1,461,360)
Tax Levy	(\$2,706,402)	\$158,515	(\$1,257,404)	\$809,107	\$2,066,511
FTE Positions	175.3	131.4	151.7	141.1	(10.6)

How Well We Do It: Performance Measures			
Performance Measure	2013 Actual	2014 Budget	2015 Budget
Overtime Costs / Personal Services Costs	4%	3%	2%
Revenue dollars / fiscal staff	\$4,750,735	\$4,217,915	\$4,081,429
Patient revenue collected / Billed revenue	44.7%	38.2%	43.3%

Strategic Implementation:

141.1 FTEs are provided for fiscal management, compliance, administration, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

In 2015, BHD continues to work toward Joint Commission (JC) accreditation to ensure a focus on the provision of quality services.

Due to the recent redesign efforts at BHD, including the complete closure of its long-term care facilities, Rehabilitation Center - Hilltop by the end of 2014 and Central by November 2015, BHD conducted an analysis of overhead needs. It is important to note that throughout the downsizing, the entire facility must be maintained to be in compliance with State and Federal standards even though parts of the building will be vacated.

As a result of the analysis, the following positions are abolished on the dates indicated below. The reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2015:

The following positions are abolished as of Jan.1 2015:

- 1.0 FTE Admin Spec – MH NR (\$63,172)
- 0.2 FTE BH Clinical Prog Dir Psychology (\$38,520)
- 1.0 FTE Clerical Asst 1 (\$59,632)
- 1.0 FTE Clothing Supply Clk 1 (\$53,306)
- 1.0 FTE Fiscal Asst 1 (\$49,792)

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- 1.2 FTE Fiscal Asst 2 (\$71,757)
- 1.0 FTE Hosp Maint Wrkr MHC (\$62,902)
- 2.0 FTE Office Supp Asst 2 (\$95,484)
- 1.0 FTE Pharmacy Tech (\$57,752)
- 1.0 FTE Secretarial Asst (\$52,160)
- 0.5 FTE Staffing Assistant (\$28,794)
- 1.0 FTE Volunteer Coord Hrly (\$38,244)
- 1.0 FTE Admin Asst NR (\$60,598)
- 1.0 FTE Adv Prac Nurse Prescriber (\$104,750)
- 1.0 FTE BH Med Dir – Forensic Services (\$248,514)
- 1.0 FTE Clerical Spec MHD (\$66,356)
- 1.0 FTE Physician Quality Officer (\$173,312)
- 1.0 FTE Pol & Pro Coord Clin Compliance (\$87,440)
- 1.0 FTE Utilization Review Coord (\$115,480)

The following positions are abolished as of July 1, 2015:

- 1.0 FTE Materials Distrib Clerk (\$27,009)

The following positions are abolished as of Nov. 1, 2015:

- 0.2 FTE Hosp Maint Wrkr MHC (\$10,693)

The implementation of the Electronic Medical Records (EMR) system is targeted for completion in 2015. EMR funding is increased by \$245,571 to a total of \$2,171,000. This includes funding for hosting fees and maintenance for the new EMR system, support for the current IT system through the transition to the EMR, dedicated IMSD technical support and enhancement for the new system, project management consultation and other costs related to the new EMR.

A number of reductions have been made to outside contracts and other line accounts due to the long-term care closures. Based on actual spending and projections, dietary, security, and housekeeping are adjusted for an overall decrease of \$311,334 in tax levy. Engineering building maintenance and HOC Laundry crosscharges were reduced by \$293,473 combined, and utilities also decreased by \$336,604. Finally, services, commodities, capital equipment and major maintenance are reduced by \$202,709.

In terms of revenue adjustments to this area, Wisconsin Medicaid Cost Reporting (WIMCR) and State Plan Amendment revenues are reduced by a combined total of \$1,563,730, from \$4 million in 2014 to \$2,499,270 in 2015, to reflect actual experience. In 2012, BHD hired a consultant to review all elements of the Medicaid Cost Report and the Wisconsin Medicaid Cost Reporting (WIMCR) system to ensure Medicaid reimbursement from the State was maximized. However, budgeted revenues contained in the 2013 and 2014 Budgets were not fully realized.

BHD building space rental revenue decreased by \$270,236 and other miscellaneous revenue decreased by \$113,000.

Mental Health Board

Wisconsin Act 203 (Wis. Stats 51.41) requires BHD to earmark funding for the following items: 1) Transition Liaison to assist the Milwaukee County Mental Health Board (MCMHB) in the transition of oversight functions, 2) building reserve fund to address BHD's capital needs and 3) travel expenses for the MCMHB members. As a result, the budget includes a contracted Transition Liaison position at a cost of \$65,000, \$300,000 for a building reserve fund and \$25,000 for MCMHB travel expenses.

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Strategic Program Area 2: Adult Crisis Services

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2013 Actual	2014 Budget	2015 Budget
Psychiatric Crisis Services			
Admissions	11,464	11,068	10,681
Access Clinic			
Number of Clients Served	6,978	6,576	6,576
Crisis Mobile			
Number of Mobiles Completed	1,716	1,642	1,806
Number of Mobiles Requested by Law Enforcement	291	370	463

How We Do It: Program Budget Summary					
Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Var
Expenditures	\$20,200,965	\$20,470,356	\$21,155,153	\$24,595,439	\$3,440,285
Revenues	\$11,340,126	\$11,967,188	\$10,711,680	\$11,557,645	\$845,965
Tax Levy	\$8,860,839	\$8,503,168	\$10,443,473	\$13,037,794	\$2,594,320
FTE Positions	106.2	128.9	110	118	8

How Well We Do It: Performance Measures			
Performance Measure	2013 Actual	2014 Budget	2015 Budget
Percent of clients returning to PCS within 90 days	33%	27%	27%
Percent of Time on Waitlist Status	1%	5%	5%
Clients transferred to private facilities from PCS	16%	23%	23%

Strategic Implementation:

118 FTE's are provided to operate the Psychiatric Crisis Service Emergency Room, Access Clinic, Crisis Line, Crisis Mobile Team, and Crisis Stabilization Centers. In 2015, BHD will implement a new nurse staffing model to insure 24-hour coverage of shifts while accounting for the productive hours of employees excluding paid time off. Staff was also added for one to one coverage of patients as needed. To implement these staffing models, 9.2 FTEs of Nursing Asst 1 Mh and 2.0 FTEs of RNI were created with a corresponding decrease of 4.7 FTEs of overtime in the Adult Crisis Services Area.

The Adult Crisis Services remains committed to the reduction of admissions to PCS, particularly the reduction of involuntary admissions/emergency detentions (23 percent fewer emergency detentions from 2010 to 2013). These reductions are being achieved by the increased utilization of community-based crisis services such as the Crisis Mobile Team (35 percent increase in mobile assessments since 2008) and Crisis Assessment & Response Team (CART). Additionally, the Crisis Services is implementing ACT 235 legislation (emergency detention pilot program

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in Milwaukee County that enables Treatment Directors or Designees to complete emergency detentions only when involuntary care is required), which is meant to increase stabilization services in the community rather than admissions to PCS and hospitalization.

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Strategic Program Area 3: Inpatient Services (Adult and Children)

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2013 Actual	2014 Budget	2015 Budget
Acute Adult Inpatient			
Average Daily Census	59	54	60
Number of Admissions	1,456	1,200	1,142
Number of Patient Days	21,363	20,000	21,900
Average Length of Stay (Days)	14.7	14	16.4
Child and Adolescent Inpatient Services			
Average Daily Census	8	6	11
Number of Admissions	829	1,250	1,005
Number of Patient Days	2,930	2,500	4,380
Average length of Stay (Days)	3.5	2	3.4

How We Do It: Program Budget Summary					
Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Var
Expenditures	\$36,746,719	\$33,661,635	\$33,696,594	\$38,078,871	\$4,382,277
Revenues	\$10,718,143	\$11,585,066	\$10,968,733	\$14,606,010	\$3,637,277
Tax Levy	\$26,028,576	\$22,076,569	\$22,727,861	\$23,472,861	\$745,000
FTE Positions	187.3	202.1	183.7	202.8	19.1

How Well We Do It: Performance Measures			
Performance Measure	2013 Actual	2014 Budget	2015 Budget
Acute Adult Inpatient			
Percent of clients returning to Acute Adult within 90 days	24.4%	19%	17.5%
Patients Responding Positively to Satisfaction Survey	71.5%	72%	72.0%
Child and Adolescent Inpatient Services			
Percent of children who return to CAIS within 90 days	18.9%	17%	15.0%
Patients Responding Positively to Satisfaction Survey	78.4%	75%	75.0%

Strategic Implementation:

202.8 FTEs support the operation of Inpatient Services which provides four licensed psychiatric hospital units with three specialized programs for adults and one specialized unit for children and adolescents. In 2015, BHD will implement a new nurse staffing model to insure 24-hour coverage of shifts while accounting for the productive

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hours of employees excluding paid time off. Staff was also added for one to one coverage of patients as needed. To implement these staffing models, 19.6 FTEs of Nursing Asst 1 Mh and 2.2 FTEs of RNI were created with a corresponding decrease of 7.4 FTEs of overtime in the Acute Inpatient Services Area.

Average daily census projections for both the Child and Adult units were increased to reflect the trend in longer lengths of stay that coincide with an aggregate increase in acuity for BHD admissions. As more patients with less acuity are transferred to provider hospital systems; patients that are admitted to BHD require a longer period of time for their symptoms to stabilize.

Between 2012 and mid-year 2014, CAIS' 90-day readmission rate declined by 20.3 percent as its average length of stay increased from 2.2 days to 3.4 days, a 35 percent increase. This indicates a likelihood that increased length of stay has a positive impact on recidivism. This effort will be continued in 2015 and as a result, the average daily census projection increases to 11.

Future Acute Bed Reductions

For both the Adult and Child inpatient units, an ongoing review of census capacity will continue throughout 2015. Discussions with health systems will continue related to their ability to admit additional patients. This review will consist of a data driven analysis of available beds in the community and BHD. The analysis is focused on functional and clinical capacity of the various systems. A demand capacity analysis has been commissioned in 2014 that will further inform this decision. If capacity is found within the private health system network, additional bed reductions will occur over the course of 2015. These reductions may occur in the adult or child inpatient units, or both.

Impact of the ACA

As a result of the federal Affordable Care Act (ACA), previously uninsured individuals receiving services within BHD's Adult Acute unit are anticipated to receive health care coverage either through the State's expansion of Badger Care or enrollment in the private health care exchanges. As a result, the Budget assumes additional patient care revenue in Acute of \$250,000.

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Strategic Program Area 4: Inpatient Services - Nursing Facility Central

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2013 Actual	2014 Budget	2015 Budget
Average Daily Census	56	56	14
Number of Admissions	3	0	0
Number of Patient Days	20,497	20,440	4,513

How We Do It: Program Budget Summary					
Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Var
Expenditures	\$13,170,490	\$13,536,736	\$11,799,508	\$10,278,608	(\$1,520,900)
Revenues	\$3,638,335	\$3,248,717	\$3,200,613	\$1,522,678	(\$1,677,935)
Tax Levy	\$9,532,155	\$10,288,019	\$8,598,895	\$8,755,930	\$157,035
FTE Positions	83.5	73.9	75.5	50.3	(25.2)

Strategic Implementation:

Furthering an initiative that started in 2014, BHD will be closing the Rehabilitation Center-Central in 2015. One unit is scheduled for closure in 2014, followed by a second unit closure on July 1, 2015 and ultimately the final unit closure on November 1, 2015. The Division will work closely with Family Care and Service Access to Independent Living (SAIL) to secure community placements for all clients by November 1, 2015.

As a result of the downsizing and closure, the following positions are abolished on the dates indicated below. The personnel reductions lag the unit closures by one to two months to allow sufficient time to transition patients into the community. The reductions reflect the annualized impact to FTEs in 2015:

Positions abolished as of Jan 1, 2015 include:

- 1.0 FTE Clerical Asst 2
- 0.5 FTE Unit Clerk
- 0.5 BH Clinical Psychologist III (transferred to Acute Adult)

Positions abolished as of March 1, 2015 corresponding to the initial 2014 unit closure include:

- 13.1 FTE Nursing Asst 1 MH
- 1.3 FTE RN 1
- 1.0 FTE RN 2
- 1.0 FTE RN 2 – MDS
- 2.0 FTE Cert Occ Therapy Asst
- 0.25 FTE Occupational Therapist

Positions abolished as of September 1, 2015 corresponding to the July 1, 2015 unit closure include:

- 13.1 FTE Nursing Asst 1 MH
- 3.3 FTE Psych LPN MHC

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- .25 FTE BH Staff Psychiatrist
- 0.75 FTE Occupational Therapist
- 1.0 FTE Psych Soc Wkr

Positions abolished as of December 1, 2015 corresponding to the November 1, 2015 final unit closure include:

- 1.0 FTE Unit Clerk
- 14.8 FTE Nursing Asst 1 MH
- 3.3 FTE Psych LPN MHC
- 3.9 FTE RN 1
- 1.0 FTE RN 2 - MH
- 1.0 FTE Nursing Program Coordinator
- .50 FTE Adv Prac Nurse Prescriber
- .25 FTE BH Staff Psychiatrist
- 1.0 FTE Cert Occupational Therapy Asst
- 2.0 FTE Occupational Therapist
- 0.5 FTE Music Therapist
- 1.0 FTE Psych Soc Wkr

The downsizing and closure will result in an expenditure reduction of \$1,520,900 including personnel, dietary, pharmacy, security and other patient expenses. The savings are offset by a loss of (\$1,677,935) of patient revenue due to the declining census. The phased-in 2015 reductions result in a total annual reduction of 65.3 FTEs. The full impact of the savings will be realized in 2016.

Central Relocations

The Community Services Branch (CSB) will continue to work closely with BHD's Rehab Centers Central team to assist in moving clients from Central into appropriate community placements. To achieve this, CARSD has included partial year funding of \$2,326,200 for at least eight clients, some with very high acuity and in need of secure placements, to be relocated by July 1. This will lead to the permanent closure of Central. The request will be utilized for supported apartments, group home beds, adult family home placements, possible short term referrals to the State Institutions and additional clinical supports included, but not limited to, community living support skills, one-on-one, and two-on-one enhanced staffing patterns.

Since the community placements began in 2014, the individuals that will be placed in 2015 experience more challenges including emotional and behavioral health disorders, oftentimes complicated by aggression, cognitive delay, and/or medical conditions. For these individuals, enrollment in CRS or Community Options Program (COP) will be pursued. In addition, ongoing utilization reviews occur monthly for possible enrollment into Family Care.

These funds build upon the investment made in the 2014 Budget of \$793,174 which included additional contracted CSP slots, group home beds, and other supports such as adult family homes and other needed services.

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Strategic Program Area 5: Community Access to Recovery Services Division (CARSD)

Strategic Outcome: Self-sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2013 Actual	2014 Budget	2015 Budget
Adult Day Treatment			
Number of Visits	3,888	3,888	3,888
AODA – clients seen for:			
Detoxification – All Levels	5,939	6,334	5,566
Outpatient Treatment	2,384	2,574	2,500
Medication Assisted Treatment	171	175	180
Family Intervention Support Services			
Number of Clients Served	869	550	800
CATC Wraparound			
Number of Clients Served	1,195	1,205	1,205
Wraparound, Non-court ordered			
Number of Clients Served	563	475	500
Mobile Urgent Treatment			
Number of Clients Seen	1,682	1,785	1,800

How We Do It: Program Budget Summary					
Category	2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Var
Expenditures	\$85,071,067	\$92,959,017	\$101,363,698	\$106,851,046	\$5,487,348
Revenues	\$77,050,672	\$85,017,970	\$91,110,212	\$91,656,203	\$545,991
Tax Levy	\$8,020,395	\$7,941,047	\$10,253,486	\$15,194,843	\$4,941,357
FTE Positions	130.5	115.8	135.1	103.18	(31.92)

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How Well We Do It: Performance Measures			
Performance Measure	2013 Actual	2014 Budget	2015 Budget
Provider agencies completed a NIATx change project	60%	60%	62%
Average Satisfaction Survey Score	78.5%	70%+	75%
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	23%	23%	40%
Average Dollars expended per Community Support Program slot			
County-run (2013 Capacity of 337)	\$13,939	\$13,939	n/a
Non-County-run (2013 Capacity of 963)	\$3,723	\$3,832	\$4,418
Wraparound			
Average Daily Number of REACH enrollees	340	350	400
Family Satisfaction with Care Coordination (5.0 Scale)	4.72	4.50	4.60
Percent of Total Youth in Wraparound Programming Using Residential Treatment Care	19.0%	15.0%	17.0%

Strategic Implementation:

The 2014 Budget previously incorporated Wraparound Milwaukee and the Community Services Branch into the Department of Health and Human Services (Department 8000) as a separate division. With the passage of the Mental Health Bill (Wis Stats 51.41) in June of 2014, this division, now known as the Community Access to Recovery Services Division – CARSD, is transferred back to 6300 – Behavioral Health Division.

In 2015, Community Services Branch and Wraparound Milwaukee will continue their focus on providing community based mental health and substance use disorder services with a focus on assisting consumers in leading healthy, productive lives in the community. They will develop and manage a comprehensive, coordinated, community-based system that serves children, adolescents, and adults to provide the necessary continuum of care across the lifespan. Wraparound Milwaukee's well established and award-winning processes for quality assurance and quality improvement will expand to the rest of the community services the County provides. There are clinical practices utilized in Wraparound Milwaukee that will be offered to adult consumers, such as care coordination and the one-person/one-plan approach, as a standard of care. CARSD will begin exploring financing structures that may be utilized under the Affordable Care Act to administer community based services.

The Psychiatric Inpatient Hospital, Emergency Room and Rehab Central will focus on providing safe, high quality and effective services, meeting all regulatory requirements for each service area and continue to transition clients to community placements through person-centered individualized plans.

Although each division will have its own identity to show its importance, focus and strategy; communication, continuity of care, coordination and operational efficiencies will continue and also be enhanced whenever possible. Both divisions will move forward with a person-centered, recovery oriented, trauma informed and culturally sensitive approach to the people they serve with strong communication and coordination of services among the divisions.

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Community Services Branch

Community Recovery Services

In 2014, the Community Services Branch (CSB) began the implementation of Community Recovery Services (CRS), a co-participation benefit for individuals with a severe and persistent mental illness that connects clients to necessary recovery services to promote independence. Services include supported employment, housing and the utilization of peers as providers. By the end of 2014, a total of 75 individuals are anticipated to be enrolled in CRS.

As part of the service array offered under CRS, CSB will contract for two, eight-bed Community Based Residential Facilities (CBRFs) at a cost of \$699,282 and leverage Medicaid revenue available under the program to offset 55 percent of the cost of providing these services. This results in a net tax levy of \$314,677.

Comprehensive Community Services

The budget reflects the implementation of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit launched statewide in July 2014 as part of the State's 2013-2015 Mental Health Initiative. The program reimburses a county for both the non-federal (up to \$10 million statewide) and the federal share of the Medical Assistance allowable CCS costs if the county agrees to provide the benefit on a regional basis. Milwaukee County is considered its own region.

Milwaukee currently has Community Support Programs (CSP) as its only psychosocial rehabilitation benefit. Targeted Case Management (TCM) is also available to "targeted" populations. There is a very wide clinical gap between a CSP and a TCM; CCS is designed to fill that clinical gap. CCS offers the county the opportunity to strengthen the continuum of care where clients can be placed in levels of clinical care based on acuity vs. availability. CCS will be administered in a fee-for-service environment to offer more client choice of providers and timely access to services.

CCS is for persons with a mental health or substance use disorder and provides a flexible array of individualized community based psycho-social rehabilitation services delivered by clinical professionals to individuals in need of services across their lifespan. The flexible service array will assist an individual in achieving his/her maximum recovery potential.

The services to be provided are individualized to each person's need for rehabilitation as identified through a comprehensive assessment and an Individual Recovery Plan. CCS uses a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based.

Initial implementation of CCS will be through utilization review of clients in existing services. Current TCM and CSP clients who could receive more clinically appropriate services in CCS will be offered participation in that benefit. In addition, those clients that are participating in Wiser Choice who could benefit from CCS will be offered participation as well. As a result, the program is anticipated to capture an additional \$500,000 in revenue for clients receiving TCM and CSP services.

Since CCS is a Medicaid entitlement, the CCS benefit must move to full implementation within one year of beginning the CCS Program. This means ensuring CCS is offered to children, adolescents, adults, and older adults that have either a mental health or substance use disorder who may be involved in DHHS and Department on Aging programs. For 2015, CCS is also being implemented in the Housing Division as part of a set of new initiatives. The Housing initiatives are anticipated to capture approximately \$450,000 in CCS revenue to offset their overall costs. Please refer to the budget narrative for Department 8000 – DHHS for more detail.

Central Relocations

The Community Services Branch (CSB) will continue to work closely with BHD's Rehab Centers Central team to assist in moving clients from Central into appropriate community placements. To achieve this, CARSD has included partial year funding of \$2,326,200 for at least eight clients, some with very high acuity and in need of

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secure placements, to be relocated by July 1. This will lead to the permanent closure of Central. The request will be utilized for supported apartments, group home beds, adult family home placements, possible short term referrals to the State Institutions and additional clinical supports included, but not limited to, community living support skills, one-on-one, and two-on-one enhanced staffing patterns. Since the community placements began in 2014, the individuals that will be placed in 2015 experience more challenges including emotional and behavioral health disorders, oftentimes complicated by aggression, cognitive delay, and/or medical conditions. For these individuals, enrollment in CRS or Community Options Program (COP) will be pursued. In addition, ongoing utilization reviews occur monthly for possible enrollment into Family Care.

These funds build upon the investment made in the 2014 Budget of \$793,174 which included additional contracted CSP slots, group home beds, and other supports such as adult family homes and other needed services.

Impact of the ACA

As a result of the federal Affordable Care Act (ACA), previously uninsured individuals within CSB's community-based system are anticipated to receive health care coverage either through the State's expansion of Badger Care or enrollment in the private health care exchanges. In preparation for the ACA, all of the CSB contracted Central Intake Units became Certified Application Counselor (CAC) organizations to enroll individuals into the marketplace. Medicaid and health insurance plans sold through the Exchange must provide mandated essential health benefits (EHB) that include coverage for mental health and substance abuse services. As a result, the Budget assumes 40 percent of CSB's current AODA population will achieve coverage through the ACA. This results in additional patient care revenue in CSB of \$250,000.

Access to Recovery (ATR) Grant

For the last ten years, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. On an annual basis, 5,000 individuals receive services through Wiser Choice, 3,200 for clinical treatment services. CSB applied for a \$3 million grant extension of the original ATR which is scheduled to end in September 2014. Given the extreme competitive nature of the grant and the smaller pool of federal funds, Milwaukee County was not recommended for an ATR award.

In order to continue to serve its current population in need of substance use disorder treatment and recovery support services, the budget reflects a tax levy amount of \$1.5 million as a partial replacement for the loss of the ATR grant. This change reflects a reduction in expenditures of \$923,369, revenues of \$2,459,781 and tax levy increase of \$1,536,412.

Community Support Program Outsourcing

BHD is proposing to outsource the caseload currently covered by BHD's Community Support Program (CSP) – Downtown and Southside locations and have all 290 caseloads assumed by community providers through a purchase of service contract. The initiative will produce savings of \$559,132 including personnel, other expenditures and revenue reductions. This overall savings includes \$1,397,220 for the purchase of community slots, including continued implementation of the Assertive Community Treatment (ACT)/Integrated Dual Disorder Treatment (IDDT) models begun in 2014.

The Downtown CSP staff positions will be abolished as of December 1, 2014. Therefore, the full annualized savings is achieved in 2015. The Southside CSP staff positions will be abolished as of March 1, 2015 and as such, the FTE reductions reflect the annualized impact to FTEs while the savings shown in parentheses is the fiscal impact in 2015.

CSP - Downtown

- 1.0 FTE Office Supp Asst 2 (\$52,369)
- .50 FTE RN Pool (\$53,303)
- 2.0 FTE Comm Service Nurse (PR18N) (\$207,723)
- .50 FTE Adv Prac Nurse Prescriber-Pool (\$62,309)

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- .50 FTE Adv Prac Nurse Prescriber (\$52,374)
- .50 FTE BH Staff Psychiatrist (\$115,724)
- 4.0 FTE Cert Occ Therapy Asst (\$250,456)
- 6.0 FTE Occupational Therapist (\$554,014)
- 1.0 FTE Comm Supp Prog Coord (\$105,104)
- 3.0 FTE Psych Soc Wkr (\$226,556)
- 1.0 FTE Psych Soc Wkr CSP (\$81,610)

CSP - Southside

- 1.0 FTE Office Supp Asst 2 (\$39,621)
- 1.0 FTE Clerical Asst 1 (\$42,356)
- .50 FTE RN Pool (\$38,025)
- 2.0 FTE Comm Service Nurse (PR18N) (\$162,615)
- .50 FTE Adv Prac Nurse Prescriber-Pool (\$45,500)
- .50 FTE Adv Prac Nurse Prescriber (\$43,468)
- .75 FTE BH Staff Psychiatrist (\$153,837)
- 5.0 FTE Cert Occ Therapy Asst (\$256,661)
- 8.0 FTE Occupational Therapist (\$609,452)
- 1.0 FTE Comm Supp Prog Coord (\$87,236)
- 4.0 FTE Psych Soc Wkr (\$274,634)
- 1.0 FTE Psych Soc Wkr CSP (\$70,230)

These reductions result in a total annual reduction of 45 FTE.

Quality Assurance & Care Coordinator Initiatives

The budget supports the creation of five FTE Care Coordinators and one FTE Integrated Services Manager to create a care coordination unit in CARSD. The care coordinators will serve this function for clients in Community Options Program (COP) services. In addition, these positions will provide reach-in and reentry function for the Central clients relocating into the community and offer care coordination services for the clients that are identified as heavy utilizers of PCS services or those on the Community Justice Council's list of heavy PCS users and connected to the criminal justice system. As part of this initiative, the following positions are created:

- 5.0 FTE Care Coordinator \$455,490
- 1.0 FTE Integrated Services Manager \$105,102

Quality Assurance Support

The budget also reflects the creation of two Quality Assurance Specialist – AODA positions to monitor and oversee the increased demand for services and the implementation of new Medicaid benefits of Community Recovery Services and Comprehensive Community Services at a cost of \$113,620.

Wraparound Milwaukee

The Wraparound Milwaukee Program, as a special managed care or HMO model, delivers behavioral health and supportive services to children with severe emotional and mental health needs and their families.

Wrap & REACH Enrollment

Based on 2014 actual enrollment, the budget anticipates a reduction in enrollment of 200 youth, from 1,300 to 1,100, compared to the 2014 Budget. This reflects a reduction of \$5,439,400 in expenditures, \$4,631,525 in revenue for a net tax levy savings of \$807,875.

Professional Foster Care Home

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The budget establishes a professional foster care home initiative for adolescent girls who have histories of severe emotional problems and often run away from home and other facilities. The program is aimed at girls for whom a group home or residential treatment environment has been unsuccessful. The professional foster care home offers a more structured home environment with a dedicated and highly-trained foster parent. The foster parent must receive intensive training, hold a college degree as well as achieve State licensure. The rate for providing these services is \$195 per day compared to \$205 for a group home or \$311 for a residential treatment facility.

Wrap Position Changes

The budget also abolishes the following vacant positions:

2.0 FTE Community Service Nurse (\$168,544)

1.0 FTE Admin Coordinator SSI (abolish upon vacancy) (\$80,304)

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Behavioral Health Division Positions				
Title Code	2014 Budget	2015 Budget	2015/2014 Variance	Explanation
Adm Asst NR				
Accountant 2	1.0	1.0	-	
Accountant 3	1.0	1.0	-	
Accountant 4-NR	1.0	1.0	-	
Accts Rec Supv-Billing	1.0	1.0	-	
Adm Asst	2.0	2.0	-	
Adm Asst NR	2.0	1.0	(1.0)	Abolish
Adm Coord BH	12.0	12.0	-	
Adm Coord CATC	1.0	1.0	-	
Adm Coord SSI	1.0	-	(1.0)	Abolish upon vacancy
Admin Spec - MH NR	3.0	2.0	(1.0)	Abolish
Adv Prac Nurse Prescriber-Pool	10.5	9.6	(0.9)	Abolish
Adv Prac Nurse Prescriber	8.0	5.5	(2.5)	Unfund 1.0 Acute, Abolish 0.92 CSP's, Abolish 0.54 LT Care
Analyst Human Services Program		1.0	1.0	2014 Action
Asst Hosp Admtr 1	1.0	1.0	-	
Asst Program Administrator	2.0	2.0	-	
BH Clinical ProgDir Psychology	12.0	13.0	1.0	Create
BH Clinical Psychologist I	1.0	1.0	-	
BH Clinical Psychologist III	8.0	7.5	(0.5)	Abolish
BH Emer Serv Clinician	14.0	14.0	-	
BH Emer Serv Clinich RN	6.5	6.5	-	
BH House Physician 3	2.3	2.0	(0.3)	Abolish
BH House Physician 3 Hrly		2.0	2.0	Create 2.0 Hourly
BH Med Dir - Acute Services		1.0	1.0	Create
BH Med Dir - Adult	1.0	1.0	-	
BH Med Dir - Crisis Services	1.0	1.0	-	
BH Med Dir - Forensic Services	1.0	-	(1.0)	Abolish
BH Med Prog Director - CATC	2.5	2.5	-	
BH Staff Psychiatrist	18.3	13.3	(5.0)	Unfund 1.0/Abolish 4.0
BH Staff Psychiatrist Hourly	0.2	4.0	3.8	Create 4 Hourly
BHD Seasonal Worker		1.2	1.2	Create 4 seasonals
Care Coordinator		5.0	5.0	Create
Care Coordinator Wraparound	2.0	2.0	-	
Cert Occ Therapy Asst	14.3	2.1	(12.2)	Abolish
Clerical Asst 1	17.0	15.2	(1.8)	Abolish
Clerical Asst 1 Hr	0.7	0.8	0.1	Create
Clerical Asst 2	3.9	2.0	(1.9)	Abolish
Clerical Spec MHD	8.0	7.0	(1.0)	Abolish

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Title Code	2014 Budget	2015 Budget	2015/2014 Variance	Explanation
Clin Safety and Risk Mgt Nurse	1.0	1.0	-	
Clinical Prog Dir Psy Hourly	0.1	0.1	-	
Clinical Psychologist 1- hrly	0.1	0.1	-	
Clinical Psychologist 3 Hourly	0.1	0.1	-	
Clothing Supply Clk 1	1.0	-	(1.0)	Abolish
Clothing Supply Clk 2	2.0	2.0	-	
Comm Service Nurse	6.0	0.3	(5.7)	Abolish
Comm Support Prog Coord	2.0	0.2	(1.8)	Abolish
Community Service Manager	1.0	1.0	-	
Contract Serv Coord	1.0	1.0	-	
Coordinator Grant Program		1.0	1.0	2014 Action
Coordinator Health Prevention	1.0	1.0	-	
Devlpmtl Disability Spec	1.0	1.0	-	
Dietitian 1	2.0	2.0	-	
Dietitian Supervisor	1.0	1.0	-	
Director BH Medical - QA	1.0	-	(1.0)	Abolish
Disribution Assistant	1.0	1.0	-	
ED Services Prog Coord	1.0	1.0	-	
Emergency Mgmt & Supply Coord		1.0	1.0	Create
EnvironmentalSvc Administrator	1.0	1.0	-	
Exdir1-Acuteinptsvsdir	1.0	1.0	-	
Exdir1-Deputy Prog Admin CATC	1.0	1.0	-	
Exdir1-Fiscal Servs Dir	1.0	1.0	-	
Exdir1-Psychcrisissvdi	1.0	1.0	-	
Exdir1-SAIL-Oper Coord	1.0	1.0	-	
Exdir2-Assoc Admin of Nursing	1.0	1.0	-	
Exdir2-Assoc Dir Clin Compl	1.0	1.0	-	
Exdir2-Assocmhadmtr Fis	1.0	1.0	-	
Exdir2-Assthospadm2-Mhc	2.0	2.0	-	
Exdir2-Dep Admin BHD	1.0	1.0	-	
Exdir2-Prog Admntr Catc	1.0	1.0	-	
ExDir3ChiefPsychologist -BHD	1.0	1.0	-	
Exdir3-Mh Administrator	1.0	1.0	-	
Executive Assistant MH	1.0	-	(1.0)	Abolish
Fiscal And Budget Mgr Chp	1.0	1.0	-	
Fiscal Asst 1	1.0	-	(1.0)	Abolish
Fiscal Asst 2	13.0	11.8	(1.3)	Abolish 1.5/Incr 0.5 to 0.75
Fiscal Mgt Analyst 3	1.0	1.0	-	
Fiscal Spec	7.0	7.0	-	
Hosp Maint Wrkr MHC	11.0	9.8	(1.2)	Abolish
House Physician 2 Hrly	4.0	4.0	-	
Housekeeper 1 Nr	2.0	2.0	-	

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Human Ser Wkr	3.0	3.0	-	
Title Code	2014 Budget	2015 Budget	2015/2014 Variance	Explanation
Human Ser Wkr Child Welfare	1.0	1.0	-	
Infect Contrl Practitnr	1.0	1.0	-	
Integrated Service Coor	4.0	4.0	-	
Integrated Service Coor NR	1.0	1.0	-	
Integrated Svs Manager Supv		1.0	1.0	Create
Manager Clinical Program	1.0	1.0	-	
Materials Distrib Clerk	1.0	0.5	(0.5)	Abolish 1.0 7/1/15
Mechanical Mtce Supt	1.0	1.0	-	
Mechanical Utility Engr	1.0	1.0	-	
Med Rec Adm Mhc	1.0	1.0	-	
Med Rec Coord (BHD)	2.0	2.0	-	
Medexdir - Med Dir Psych		1.0	1.0	Create
Medical Service Manager	1.0	1.0	-	
Music Therapist	3.5	3.5	-	
Nursing Adm Coord-PR 29M	1.0	1.0	-	
Nursing Adm Coord-PR 29MN	1.0	1.0	-	
Nursing Asst 1 Mh	134.9	128.5	(6.4)	Abolish 35.3 LT Care/Create 28.8 Adult,Child,PCS
Nursing Asst MH Pool	6.0	5.0	(1.0)	Abolish
Nursing Prog Coord	8.8	7.9	(0.9)	Abolish 0.9 Long Term Care
Occ Therapist Pool	0.5	0.5	-	
Occupational Therapist	27.8	13.7	(14.1)	Abolish
Office Supp Asst 2	20.5	16.7	(3.8)	Abolish
Operating and Mtce Supv	1.0	1.0	-	
Pharmacy Tech	1.0	-	(1.0)	Abolish
Placemt Resources Mgr	1.0	1.0	-	
Pol&Pro Coord Clin Compliance	1.0	-	(1.0)	Abolish
Prog Analyst MH	4.0	4.0	-	
Prog Coord - AODA	1.0	1.0	-	
Prog Coord - CATC	2.0	2.0	-	
Prog Coord - Safety Svs	2.0	2.0	-	
Program Evaluator	1.0	1.0	-	
Psych Crisis Srvs Coord	2.0	2.0	-	
Psych LPN MHC	11.6	5.2	(6.4)	Abolish 6.4
Psych Soc Wkr	26.0	18.8	(7.2)	Abolish
Psych Soc Wkr CSP	2.0	0.2	(1.8)	Abolish
Psych Soc Wkr Pool	1.5	1.5	-	
Psychiatric Soc Wkr Mgr	1.0	1.0	-	
Psychology Postdoc Fellow	2.0	2.0	-	
Qual Assur Client Rights	1.0	1.0	-	
Qual Assur Coord	4.0	4.0	-	
Qual Assur Spec AODA	3.0	5.0	2.0	Create
Qual Assur Tech Wrap Around	1.0	1.0	-	

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Qual Imprvt and Risk Coord	1.0	1.0	-	
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Qual Imprvt Coord	1.0	1.0	-	
Qual Imprvt Coord BHD	1.0	1.0	-	
Qual Mangmt Admin Asst	1.0	1.0	-	
Quality Assurance Specialist	1.0	1.0	-	
-RC-Disribution Assistant	1.0	1.0	-	
Rehab Services Supervisor	1.0	1.0	-	
Rehabilitation Coordinator	1.0	1.0	-	
RN 1	89.8	87.5	(2.3)	Abolish 6.5 LT Care/Create 4.2 Adult,Child,PCS
RN 2	1.0	-	(1.0)	Abolish
RN 2 - MDS	1.0	0.2	(0.8)	Abolish
RN 2 - MH	11.5	6.1	(5.4)	Abolish
RN 2 - Staff Development	3.0	3.0	-	
RN 2 - Utiliz Review	6.5	6.5	-	
RN 2 - Wraparound	2.0	2.0	-	
RN 3 MH	6.0	6.0	-	
RN 3 MH Pool	1.0	1.0	-	
RN Pool	1.7	0.8	(0.9)	Abolish
Secretarial Asst	4.0	3.0	(1.0)	Abolish
Secretary	4.0	4.0	-	
Senior Executive Assistant MHB	-	1.0	1.0	Create
Sewing Mach Oper 2	1.0	1.0	-	
Spirituality Integ Cooed-hrly	0.5	0.5	-	
Staffing Assistant	4.5	4.0	(0.5)	Abolish
Stores Clerk 1	2.0	2.0	-	
Unit Clerk	17.8	16.4	(1.3)	Abolish
Utilization Review Coor	1.0	-	(1.0)	Abolish 1.0
Volunteer Coord-Hrly	1.0	-	(1.0)	Abolish
Subtotal Positions	696.7	615.4	(81.4)	
Overtime	50.0	21.3	(28.7)	
Salary Adjustment	5.0	3.2	(1.8)	
Shift Differential	6.2	4.6	(1.6)	
Special Premium	2.3	2.2	(0.1)	
Vacancy & Turnover	(58.8)	(40.4)	18.4	
Subtotal Other	4.7	(9.1)	(13.8)	
Grand Total	701.4	606.2	(95.2)	

*2014 Actions identified in these tables indicate mid-year 2014 actions approved by the County Board.

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EXPENDABLE TRUST ACCOUNTS

The following are expendable trust accounts, which may be utilized only for purposes which are legally mandated or where a formal trust relationship exists. The expenditures from these organizational units are limited to the purpose specifically designated by the donor. These trusts are not included as part of the BHD operating budget.

Org Unit	Description of Expendable Trust		Projected Balances as of 12/31/13
878	MHD - Research Fund		\$217,724
	Referred to as the Frieda Brunn Mental Health Research Fund. This fund was created in 1970 for the purpose of supporting mental health research. Expenditure recommendations from the fund are made by the Research Committee at BHD.		
	Expenditure	Revenue	
	\$25,000	\$25,000	
879	MHD - Patient Activities and Special Events		\$89,364
	This fund is comprised of various trusts which stipulate the expenditures should be made to provide for patient activities and special events.		
	Expenditure	Revenue	
	\$10,100	\$10,100	

Legacy Health Care and Pension Expenditures				
2013 Budget	2013 Actual	2014 Budget	2015 Budget	2015/2014 Variance
\$15,334,428	\$16,659,312	\$17,463,489	\$18,896,026	\$1,432,537